

SD Board of Optometry

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The South Dakota Board of Optometry needs to update files on licensees. This information will be kept confidential and used only for State Board business. Please notify us if any information changes.

Name: First: _____ Middle: _____ Last: _____

Date: _____

Primary Practice Name: _____

Primary Practice Address: _____

Primary Practice Telephone: _____

Home Address: _____

Home Telephone: _____

Cell Phone: _____

Email Address: _____

Please indicate where you would prefer to receive correspondence from the Board:

Does your practice have satellite offices? If so, please indicate the cities where they are located.

If applicable, please indicate any states, other than South Dakota, you hold an optometric license:
